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MEDIA RELEASE

ROUTINE TESTING FOR *M GENITALIUM* NOT RECOMMENDED

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ROUTINE testing for sexually transmitted bacterium *Mycoplasma genitalium* is not recommended in clinical guidelines, except in specific circumstances, and the first Australian data published today by the *Medical Journal of Australia* have confirmed that position.

“Mycoplasma genitalium is a sexually transmitted bacterium that was initially identified as a cause of non-gonococcal urethritis in men,” wrote the authors, led by Dr James Stewart, an infectious diseases and microbiology registrar at Monash Medical Centre and Monash University.

“Associations with other genitourinary tract syndromes, including cervicitis and pelvic inflammatory disease in women, are now recognised.”

When *M. genitalium* is present in asymptomatic individuals, including pregnant women, however, the significance is uncertain.

Stewart and colleagues report the first data on the epidemiology of *M. genitalium* in an Australian hospital, including in pregnant women, and discuss the difficulties associated with testing asymptomatic patients for *M. genitalium*.

Over the 3-month period from 1 May 2017 to 31 July 2017, the researchers included routine nucleic acid amplification testing (NAAT) testing for *M. genitalium* when sexually transmitted infection multiplex testing of genitourinary specimens (including urine, endocervical, vaginal, and urethral swabs) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* was requested for emergency department, outpatient clinic, or admitted patients at Monash Health.

“Of 1176 tested patients, 56 (5%) were positive for *M. genitalium*; 67 (6%) were positive for *C. trachomatis*, 12 (1%) for *N. gonorrhoeae*. The prevalence of *M. genitalium* was 3% in men (12 of 365), 5% in women (44 of 811), and 9% in pregnant women (8 of 92),” Stewart and colleagues found.

“*M. genitalium* was detected in five men with epididymo-orchitis and one with urethritis, and in three women with pelvic inflammatory disease, all without other diagnosed sexually transmitted infections. Four of the pregnant women positive for *M. genitalium* had genitourinary symptoms, but none that were typical for *M. genitalium* infections.

“The significance of detecting *M. genitalium* in an asymptomatic patient is unclear. It is important that laboratories, as diagnostic stewards, liaise closely with their clinical colleagues to ensure they undertake only clinically useful testing, and do not deliver clinicians unrequested results of uncertain value.

“The significance of *M. genitalium* infection in pregnant women is also unclear, and treatment options are limited.”

The authors concluded that they “do not recommend routine testing for *M. genitalium*”.

“This is in accordance with clinical guidelines recommending treating *M. genitalium* infections only if the patient is symptomatic, has had sexual contact with an infected person, or is to have surgery that breaches the cervical barrier.”

Please remember to credit *The MJA*.

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